MCHB/DHSPS September, 2009 Webcast

Technical Assistance for FY 2010 Healthy Start Competition

September 8, 2009

BENITA BAKER: Good afternoon, my name is Benita Baker, from HRSA's division of Healthy Start and Perinatal Services in the Maternal and Child Health Bureau. On behalf of the division I would like to welcome to you this webcast titled, Eliminating Disparities in Perinatal Health, Technical Assistance Workshop.

Before I introduce our presenters today, I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speakers' presentations. You do not need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window.

We encourage you to ask the speakers questions at any time during the presentation. Simply type your questions in the white message window on the right of the interface, select questions for speaker from the drop-down menu and hit send. Please include your state or organization in your messages so that we know where you are participating from.

On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider, which you can access by clicking on the loud speaker icon. Those of you who selected the accessibility features when you registered will see text captioning underneath the video window.

At the end of the broadcast, the interface will close automatically and you will have the opportunity to fill out an on-line evaluation. Please take a couple of minutes to do so. Your responses will help us to plan future broadcasts in this series and improve our technical support.

We have several presenters with us today. Joining us from the division are Beverly Wright, Healthy Start team leader. Myself, Benita Baker, Senior Public Health analyst and David de la Cruz, Director of Policy and Program Development. Our final presenter is Deborah Frazier. Ms. Frazier is the Director of the Arkansas Health Services Permit Agency. In order to allow ample time for the presentations, we will defer questions to the Q&A section.

BEVERLY WRIGHT: One of our speakers, Maribeth Badura will not be here today and the three of us will take over. Our Healthy Start Technical Webcast will cover Fiscal Year 2010 the healthy start competition. Our overview will be what is Healthy Start program. What are current funding opportunities, who is eligible. What are the deadlines for applying, how does my organization apply. What are the critical requirements that need to be addressed in my application. How is my application

reviewed. What can federal funds be used for. Are there restrictions on what federal funds can be used for. Are there other fede ral policy requirements application you should be aware of. And contact for more information. And finally, other resources.

Next slide, please. This shows infant rate for 2010, for the world. International variation. You see -- I'm sorry, 2002. Iceland is 2.2 for 1,000 live births, the United States is 7 infant deaths per 1,000 live births. Next slide, please. This slide shows the infant mortality rate for race and ethnicity, from 1995 to 2004. And you can see that non-Hispanic blacks have the highest infant mortality rate. Next slide, please. This slide shows where the deaths are for the period of 2002-2004. But 1,000 live births. 2010 target of 4.5 is met by very few -- few of the states. The majority of deaths are within the northwest -- I'm sorry, the northeast and the southeast. And in the middle. So the by the Mississippi east of that, is where the most of the deaths are -- infant mortality is highest.

Next slide, please. Healthy Starts' role to reduce the rate of infant mortality, eliminate disparities in perinatal health. Implement innovative community-based intervention, support and improve perinatal delivery system in project communities and ensure that every participating woman and infant gains access to the health delivery system and is followed through the Continuum of Care and to provide strong relationships with the local and state perinatal community.

Next slide, please. We can pass -- next slide, please. We've seen that. Okay. Our healthy Start project communities are located in the continental United States, San Juan Puerto Rico, Hawaii, and Alaska. No, and Hawaii. We don't have one in Alaska, currently.

Next slide, please. Healthy Start was established as a presidential initiative in 1991, to improve health care access and outcomes for women and infants and to promote health behaviors and combat support of infant more causes of infant mortality. At that time there was 15 sites selected. Three years later, an additional 7 sites were selected. So from 1991 through 1997, there were a total of 22 sites selected as healthy start. In fiscal year 1998, congressional language stated need to replicate the best models and lessons learned from the demonstration phase of the existing sites serving as resources. So in 1998, the competition 20 mentoring sites were selected, and 50 to 76 new communities were brought on board. Also at that time there was a national evaluation and internal assessment financial consultant, and the secretaries infant mortality to help select what lessons were scplearnd how we should proceed. The national evaluation will be discussed a little bit later on. Focus on service integration and close link the critical care. Consistency in implementation over time and of course program sites.

Next slide, please. Where should the focus be? Services should begin in the perinatal period and extend beyond the postpartum period to throughout the entire infant conceptual period and that is one end of one pregnancy to either the next pregnancy

or two years post delivery. Healthy Start sites follow their client or women to two years post delivery or the next pregnancy, whichever [inaudible]

Next slide, please. Healthy Start authorizing legislation start legislation is [inaudible] an initiative to reduce the rate of infant mortality and improving perinatal outcomes. It's to make grant to areas of high rates of infant mortality.

Next slide, please. Considerations in making grants include practice that contribute to infant mortality, low birth weight and the sent to which application for such grants facilitates a community-based approach to delivery of services and a comprehensive approach to women's health care to improve perinatal outcome. Consideration in make grants also is the sent to which applicants with such grants are community-based consortia of individuals and organizations including but not limited to agencies responsible for administering block grant programs under Title V of the Social Security Act consumers of project services, public health departments, hospitals, health centers under section 330, which included community migrant health centers, homeless centers and rural health centers. And other significant resources of health care services within a community. There's a portion of the legislation that requires special progress -- projects. That says [inaudible] nothing Mr. Paragraph 2 shall be construed to prohibit the secretary from awarding grants under subsection A, special promise that are intended to address significant disparities in perinatal health indicators in communities along the United States, Mexico border or in Alaska, and Hawaii. Next slide, please. A community consortium is a requirement of healthy start. And that is

individuals and organizations including but not limited to agencies responsible for administering the block grant, for consumers of the project hear area, hospitals, health centers and [inaudible] and other significant sources in the resources in the community. Healthy Start grantees are to collaborate and form a partnership with other community services fund under the NCH A block grant.

Next slide, please. Currently Healthy Start is in 38 states, the District of Columbia, Puerto Rico, we serve indigenous populations and border communities.

Next slide, please. Next slide, please. You can't see it very clearly but this basically is where the Healthy Start sites are located.

Next slide, please. In eliminating disparities in perinatal health we also as stated in the legislation serve border, Alaska and Native Hawaiian Hawaiian communities. Currently there are 7 communities that can be described as border communities. 2007 to 2011 there are two grantees -- 28-2012 there were two grantees and recently, 2009-2014, three. A total of 7 communities under this definition. Under the eliminate disparities and perinatal health nonborder, there are -- says 102. That's total. There are 95 communities. . 13 are funded to 2006-2010, which is this competition. 2008-twefl 20126, and to 2014, just awarded, there are 76 grants. Current funding opportunities -- currently there's a five-year project period with a maximum of $750,000 annually for new projects. Current healthy starts grantees and that is those

whose project period ends in 2010, may only apply for an amount up to their current funding level. And it is anticipated project start date of February 1st, 2010.

Next. next slide, please. The question has been asked of us as to whether or not this is a five-year project period. The guidance says to 2014, and that is related to fiscal year. And I've outlined in 2010 you can see [inaudible] two years, 2014, which is the fifth fiscal year, and the comparable date of when the [inaudible] is laid out in the application. It will be 2010-2011. This is self-explanatory so I won't go over it but basically it is a five-year project. Benita will now describe the current funding opportunity. Benita .

BENITA BAKER: For this current funding opportunity you must apply on line -- [inaudible] your organization must have a [inaudible] number and a central contractor registry. On http://www.grants.gov, and search -- by state, category, CFDA, for eligibility. And all are announced -- announcements are -- the current of the archives are found on http://www.grants.gov, and search -- announcement number is HRSA -- 153, eliminate disparities in perinatal health.

Next slide. Eligible -- if you're a new applicant, you are not currently funded through healthy start or projects -- for these services -- To be eligible you must use verifiable three-year average infant mortality rate data for the period 2004-2006 -- or 2005-2007. The proposed project area must have a disparity three-year average infant mortality rate of at least 10.1 infant deaths per 1,000 live births -- one and a half times the

national infant mortality rate for the three-year period of 2005-2007. Also verifiable three-year data for 2004-2006. Your proposed project must have one or more racial, ethnic or other group three-year average infant mortality rate of at least 10.35 infant deaths per 1,000 live births. One and a half times the national infant more at that time rate for the period 2004-2006. No other three-year average will be accepted will be accepted. [inaudible] For competing applicants, those are currently funded healthy start projects, project period ends February 1, 2010 -- continuing repeating -- tribal governments, agencies of state government or state health -- [inaudible] You must have an existing -- or plan to create a -- again, you apply through http://www.grants.gov. On grants.gov, their resources section provides access to useful grants, and other grants related information in links. You can take advantage of grants.gov outreach materials and training materials to help you become familiar with the Grants.gov process. The down load software page will explain how to easily nave navigate on-site and complete your application.

Registering on grants.gov. Grants.gov has streamlined the process of applying for federal grant opportunities. The Grants.gov registration process takes three to five business days to complete.

Next slide, please. Do you have to register with Grants.gov, if you only want to find grant opportunities. If you do apply for a grant, be aware that you and your organization must complete the grant -- Grants.gov registration process.

Next slide, please. Registration for an individual. You will be required to complete an individual registration process. You're registering on behalf of an organization if you are, first register your organization using the steps that follow. You register your organization, register yourself as an authorized organization representative, AOR, and get authorized as an AOR, by your organization. Your organization will also need to obtain a DUNS number. If your organization doesn't have one, you will need to go to the Dunn and Bradstreet number at http://fedgov.dnb.com/webform to obtain the number. The DUNS number can be obtained the same day.

Next slide, please. You also must ensure that your organization is registered with the central contractor registry, CCR, at http://www.ccr.gov. If it is not, an authorizing official of your organization must register. You will not be able to move on to step number 3 until this step is completed. This step takes about -- process takes about two days. You will create a username and password with ORC, the Grants.gov credential service provided. You will need to use your organization's DUNS number to access the ORC website. http://apply07.grants.gov/apply/OrcRegister. Register to -- register with grants.gov. Grants.gov registration is about -- takes about one day and can be done the same day as the ORC registration. The contact must respond to registration e-mail from grants.gov and log in at grants.gov to authorize you as an AOR. Please note that there can be more than one AOR for an organization. Authorization process takes about 1-2 days, depends upon responsiveness of your E-business POC.

At any time you can track your status at the applicant home page of Grants.gov, by logging in with your username and password. HRSA is requiring applicants for this funding opportunity apply electronically through the Grants.gov. No paper applications will be accepted without prior written approval from HRSA's division of grants policy. Applicants must request an exemption in writing from DGP clearance at HRSA.GOV, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Make sure you specify the announcement number you are seeking relief for. There are several additional forms to upload as part of your electronic submission. And you can download those from http://www.hrsa.gov/grants/forms.htm. Or you can contact the HRSA grants application center at The Legin Group, 910 Clopper Road. Telephone is 877-477-2123. Or contact them at HRSAGAC@hrsa.gov. The due date for these applications are October 1st, 2009. It must be E-marked on or before the deadline date. I'll now turn it over to David.

DAVID DE LA CRUZ: I'll talk about the critical requirements needed in your application. The healthy start logic model.

Next slide. This is the overall logic model that is used to guide our program. So starting on the left-hand side, the context. We sort of need to know where we are, what the environment is before we can start the program. So the first box is context, the target population we want to look at things such as demographic, socioeconomic status. Women's health and reproductive history and health behavior. We also want to

look at the community, what are the characteristics of the community. What are some of the health care and -- what is the health care system, what are some of the state and local policies that affect the community. The larger national and statewide issues, the economic conditions, policy issues, some of the investments in maternal and child health. So you take all that information and then we use that to mount the healthy start program. We have the core services such as direct outreach and client recruitment, case management, health education services, screening and referral, continuity of care, two-year post delivery. That leads us to the program structure, such as staffing issues, contract arrangements, the organization, the community partnerships that you've developed, and also the systems buildings. How you use a community consortium to mobilize key stakeholders. What -- how do you develop local health system action plan. How do you collaborate and coordinate with state title 5 services and also your sustainability. Now, all that leads into if -- if all those components, all those services and the structure are fully implemented, we expect to see some intermediate outcomes through the program implementation. Some of those intermediate outcomes should include utilization of the health care services, some referrals to health care, service intensity, behavioral changes amongst program participants, and increased medical homes. We should also see some coordination and collaboration among -- within the health care system as a whole. Increased capacity, some new services being provided, cultural competence, consumer community involvement, and a community value shift to reflect the health care realities. Now, over time we should also see some longer term outcomes such as reduced disparities in access and utilization of health care. Increased consumer voice.

Improved local health care system. that should lead to changes in had the healthy start population in birth outcomes, Maternal Hhealth, interpretty good Nancy, delivery and birth spacing and child health in the first two years of life. All this lead together ultimate goal of reduced disparities in health status in the target community.

Next slide. So we also have a hypothesized link between Healthy Start service and the results that we should see so starting out, at the left-hand side, all begins with outreach. Need to outreach in client recruitment to high risk pregnant women, high risk enter concept trail women, infants, other women of reproductive age and fathers and male partners. Once you've identified these women, you conduct a risk assessment, and based on the information from the risk assessment you start conducting and giving case management. Now, the case management can either be regular case management or intensive case management and that's based on the issues that the program participant has. The health status and other factors. You're constantly collecting information on your program participants and giving them information, and that will result in referrals to other health care agencies and partners. That results in that -- will lead us to a coordination of care, both medical and social care, we provide enabling services such as transportation, child care eligibility assistance, translation interpretation, anything that we can provide that would make it more -- make the program participants be able to receive their care more easily. We also provide health education and that's in the form of informal guidance, or formal guidance, formal classes, and support groups. Now, all this leads to services for pregnant and postpartum compliance, and you should always be asking yourselves are these

services available? If they are, are they culturally competent and also are the services that you're referring the women to, and the families to, are you tracking them, to make sure they're being completed and that there's follow-up? So some of these services should include -- you see the list here, perinatal dprerks smoking cessation, family planning, nutritional counseling, access to WIC. Substance abuse treatment and violence prevention. Infants and toddlers, they include home visits, well child visits, immunizations early interventions, all those services should yield some -- should reduce desparities in the pregnancy outcomes, which would be preterm labor, low birth weight, and the infants should lower the -- finally we have the [inaudible] system activities [inaudible] so this all starts with our left-hand side again -- based on the information leads assessment, priorities. So that would lead to you Healthy Start they can administer ways to achieve. They include the local health master plan, consortium, work in collaboration with [inaudible] Those mechanisms should yield -- new services, network of other service providers. . . Also should yield larger changes. Participation in the system change, increase identification of depression, policy changes . You see at the bottom there, all this needs to be done throughout the entire process. Participation of the community.

Next slide. So we've talked a little about program participants and community participants. Let's step back and take a second to define what these two are, how they're different. So our program participant is any individual having direct contact with healthy start. Healthy start staff or any of their subcontractors. And who are receiving healthy start core services on an ongoing systemic basis. Now, meanwhile, a

community participant is any individual who attends a healthy start-sponsored event or a program, consortium, activities, et cetera. And most -- for example, a health fair. And these people for the most part will not be case managed.

Next slide. So some of the requirements here that we're going to be talking about next, include need, response, evaluation, impact, resources and capabilities, support requested -- so let's move on to those.

Next slide. So need. So 20% of your score will be based on need. And need is defined as the extent to which the application describes the problem and associated contributing factors to the problem. And there are five areas that we'll be examining here. One, the extent to which the proposed plan will enhance or improve eliminating disparities activities. Two, the extent to which the demonstrated need of the target popping to be served are adequately described.

Next slide. Three, the extent to which the applicant describes the size, demographic characteristics, prevalent norms, et cetera, of the population. . Four, the extent to which the proposed plan addresses the documented needs of the target population. Should also pay certain close attention to cultural and linguistic needs. Five, the extent to which the project is linked to an existing perinatal system of care that enhances the community's infant mortality reduction program. We do not expect healthy start to be implemented on its own in the community, but it should be leveraged with the other services that are being provided.

Next slide. So the community assessment. The community assessment must describe the following factors. The current assets or resources of the community, the current needs of the community, service area for the project, the target population, the comprehensiveness and quality of the service delivery system for the target population.

Next slide. So needs assessment. What do we mean by comprehensive quality services? Well, it must include all partners necessary to assure access to a full range of services, and those services that are identified by the community. So they must reflect the community's perceived needs. It must also establish referral arrangements that are necessary for quality care.

Next slide. So the next one is response. That will be 15% of your score. And responses defined as the sent to which the proposed project response to the purpose included in the program description. The clarity of the proposed goals and objectives and the relationship to identified projects. The extent to which the activities described in the application are capable of addressing the problem, and obtaining the project objectives. There are two areas here. First the extent to which the project objectives incorporate the specific healthy start program competition's purpose and are measurable, logical, appropriate, in relation to both the specific problems and interventions identified.

Next slide. And second, the extent to which the activities proposed for each service, services being outreach case management, health education, et cetera, appear feasible and likely to contribute to the achievement of the project's objectives within each budget period.

So next slide, please. So we're back to a logic model. Now you have a slightly better idea of where the core services fit in and how that relates to the healthy start program.

Next slide. The response objectives and indicators, they are designed to identify a project objective which are responsive to the goals of the program, project objectives must include at a minimum the OMB approved performance and outcome measures. Benita will talk more about that later. Objective statements must clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, and target population. And finally, each objective must include a numerator, a denominator, a time frame, data source including year, and baseline data. It's very important that you include baseline data with each objective. So now Benita will talk about the healthy start outcome measures.

>> Wf she talks about the -- this is we have Beverly -- healthy outcome measure, we got -- The guidance includes a preference for current healthy start grantees, and that means that those grantees, the 13 grantees, who are part -- funded at this point, will receive a preference and go to the top of the list. However, there are currently in the house, and the senate, there are additional dollars and if they hold, we will be able to

award one, two, maybe three new projects. Therefore, we encourage other people to apply even though there is a preference for current grantees. Benita?

BENITA BAKER: As Ms. Davis said, we have several outcome and OMB performance measures. We have 6 outcomes measures required for all applicants to develop objectives before are funded. Performance outcome measure 50 is the percent of very low birth weight infants among all live beneficents to program participants. and we have the percent of life Singleton births weighing less than 2500 grams among all live births to program participants. The infant mortality rate per 1,000 live births, the neonatal mortality rate per 1,000 live births. The post neonatal mortality rate per 1,000 live births and the perinatal mortality rate per 1,000 live births. There are two annual key measures that all healthy start projects or applicants must create specific objectives for. One is outcome measure, and one is a performance measure, which I'll go over shortly. The two key measures are the percent of program pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy. All applicants must be an objective of 76% for that measure. The percent of very low birth weight infants among all live births. The outcome measure, all applicants must be an objective of 8.8 for that. There are 9 OMB-approved performance measures that all applicants have to develop objectives for. We have 7, the degree to which MCHB-supported programs ensure family participation in program and policy activities. Performance measure 10, the degree to which MCHB-supported programs have incorporated cultural competence elements into their policies, guidelines, contracts, and training. Performance measure 14, the degree to

which communities use morbidity and mortality review processes in MCH needs assessment, quality improvement, and/or data capacity building.

Next slide, please. Performance measure 17, the percent of all children from birth to age 2 participating in MCHB-supported programs that have a medical home. Performance measure 20, the percent of women participating in MCHB-supported programs who have an ongoing source of primary and preventive services for women. Performance measure 21, the percent of women participating in MCHB-supported programs requiring a referral, who receive a completed referral.

Next slide, please. Performance measure 22, the degree to which MCHB-supported programs facilitate health provider screening of women participants for risk factors. Performance measure 35, the percent of communities having comprehensive systems for women's health services, performance measure 36 the percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy. All project interventions, you must detail your strategies and interventions to accomplish, meaning your proposed objectives, you need to include targets, dates for starting and completing activities, and persons or organizations that will be involved. And your interventions must reflect the funding requested in the budget justification. Turn it back over to David.

DAVID DE LA CRUZ: Here, we keep coming back to the logic model again.

We're going to talk a little about the core services, so let's -- next slide. We currently have five core services: Outreach, casement, health education, screening and referral for depression, and enter conceptual continuity of care.

Next slide. So for each core intervention, in your application, you'll need -- you'll talk about the definition, the -- we'll talk about the definition, the essential elements, the specific requirements, the linkage to the performance measure, and a correlation with the national evaluation.

Next slide. So each core intervention has a series of questions that you must answer in your -- as you respond to the guidance. Such as who are the target populations. Who will provide the services. Where will the service be provided. When will the service be provided. How many program participants and/or community participants will be served.

Next slide. So let's start with outreach. One of the questions, how' will your program conduct and provide outreach and recruitment to the two of healthy start participants, the program participant and the community participant we discussed earlier. Specifically, you'll need to address how these activities will be conducted by staff, employed by healthy start. If they will be conducted by a local provider under subcontract, and/or if they will be conducted by other types of providers. You also will describe your project's proposed intake and enrollment process, including who performs these activities, whether it's directly by your staff, or by subcontract. And this

should include strategies you will use to increase awareness and name recognition of your healthy start program in the community. So outreach isn't just trying to find program participants, but it's also getting your program more well-known in the community.

Next slide. So let's go over some definitions. Outreach, it's defined as the provision of case finding services that actively reach out into the community to recruit and retain perinatal and/or interconceptual clients into a system of care. The purpose of outreach is to identify, enroll and retain clients most in need of healthy start services.

Next slide. Definition of case management. Is the provision of services \in\{?} a coordinated, culturally acceptstive approach through client assessment, referral, monitoring, facilitation, and follow-up on the utilization of needed services. The purpose of case management is to coordinate services from multiple providers to assure that each family's individual needs are met to the extent resources are available, and the client agrees with the scope of planned services. So that means a client must be involved in the services being provided.

Next slide. So there are seven essential elements to case management. They should claw multidisciplinary team, including outreach workers, nurses, social workers, paraprofessionals, nutritionists and health care providers. You need to make sure you have adequate personnel that considers the risk status of the client, service delivery [inaudible], a broad scope of services education prevention and intervention. Needs to

include a proactive partnership between case managers, families, service providers, and the community. Individualized needs assessment and community plans developed with families. And service intensity that matches the level of risk. That the program participant has.

Next slide. So health education and training. It's defined as health education includes not only instructional activities, in other -- and other strategies to change individual health behavior, but also organizational efforts, policy directives, economic supports, environmental activities, and community-level programs. The purpose of health education and training is to disseminate information with the goal of improving an audience's knowledge, attitudes, behaviors, and practices regarding a particular area of health promotion.

Next slide. Now, there are six essential elements to health education and training. They include public information, education campaign, provider training of health care workers. Consumer and client education packages, collaboration with experienced community organizations, feedback process for evaluations of training and education programs. And opportunities for education and training to enhance the development of the community.

Next slide. Healthy start also addresses the issue of perinatal and postpartum dregs. A depressive disorder is defined as illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about one's self- and

the way one thinks about things. Members slide. So in order to conduct an effective screening and referral for further assessment and treatment of perinatal and postpartum depression, you need to perform scaled and appropriate screening, successfully engage pregnant and postpartum women who are experiencing depression, and other disorders in an appropriate mental health services, community education on the impact of perinatal depression, and resources available to women and their families.

Next slide. Now, the goals of per perinatal depression include early identification and increased capacity to effectively screen, perform skilled assessments, and successfully engage pregnant and postpartum women who experience depression and other disorders into an appropriate mental health services.

Next slide. Interconceptual care for women. Some of the expectations we have, we understand that a healthy woman -- the more healthy the woman, the more likely to have a healthy pregnancy. We also understand that a poor previous pregnancy outcome increases the risk of another pregnancy -- poor pregnancy outcome in the future. So we focus on interconceptual care for women. That includes outreach and case management for women to assure they are enrolled in an ongoing care, and are obtaining the necessary referrals. The availability of and access to a system of integrated and comprehensive services. And health education that is tied to identified needs. Including such things as mental health, substance abuse, smoking, domestic violence, HIV, and STD.

Next slide. Also enter conception care for infants, that includes outreach and case management for infants and toddlers, to assure they are enrolled in a medical home and obtain necessary referrals including availability of and access to a system of primary care services and appropriate screening. As well as necessary specialty care. And health education.

Next slide. Evaluative measures this will be 10% of your score. It's defined as the effectiveness of the method proposed to monitor and evaluate project results. Evaluative measures must be able to assess to what extent the program objectives have been met, and to what extent these can be attributed to the project. And there are three areas that you're scored on. One, the extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation methodologies, and complies with maternal child health bureau's evaluation protocol for its discretionary grants and national performance measures. Second, the extent to which the proposed methodology within the local evaluation is either congruent to or linked with the scope of the core services and components required of all healthy start community projects. That is, are you measuring what is being done.

Next slide. And final the commitment to participate in and cooperate with the ongoing evaluation of implementation of the outcomes in had maternal health child bureau healthy start program. There is -- there will be a national evaluation conducted during

this time period. So you also will be required to cooperate and participate in that national evaluation.

Next slide. So finally, your local evaluation protocol. Needs to be capable of demonstrating and documenting -- monitoring of the project on different aspects of the project's -- administration, fiscal consortium, service delivery, collaboration, partnerships and impact upon both perinatal indicators and on the community and sustainability. In other words, your local evaluation should tell the stories that are unique to your program. National evaluation and the national performance measures can't capture everything that you do. So local evaluation fills in the rest of your story. So now I'll turn it back over to Benita who will talk more about impact.

BENITA BAKER: Thanks, David. In addition to the core service there are several core systems you'll be evaluated on. The extent and effectiveness of plans for dissemination of project results and/or extent they may be national in scope and degree to which a community is impacted by delivery of health services and the degree to which the project activities are reputable or -- rep Campbell and sustainability beyond federal funding. And under that, sub criteria would be the extent to which the efforts described in the local health system actual action plan develops an integrated service delivery system that better serves healthy start program participants as well as the community as a whole. The extent to which the consortium includes or will include the appropriate representation of project area consumers, providers, and other key stakeholders. The structure role and implementation of action of the proposed project

plan are adequately described and the actual or proposed communication pathways between the grantee and consortium regarding the project progress of the project are clearly delineated. Also, the extent to which the applicant proposes to sustain the project through new or existing sources and/or acquire additional resources. The extent to which the applicant plans to seek third party reimbursements, for example Medicaid, private insurance, mentoring, or training reimbursements from non Healthy Start Program funded recipients.

Next slide. Next slide. Under the core systems building, you have consumer and consortium involvement, in policy formation, and implementation. You have a local and health system action plan. You must collaborate with your title V. agency and have a sustainability plan. The community consortium, individuals and organizations including but not limited to agencies responsible for administering block grant programs under title V. of the Social Security act, consumers of project services, public health departments, hospitals, health centers under section 330, and other significant sources of health care services. The consortium should gravel nice the will of the community to effect change. They provide broad-based policy advice to the grantee. They provide institutionalized consumer voice. Women served by the project, and the development and delivery of services in the community. And they mobilize stakeholders and others to leverage and expand funding resources. There should be structures in place to ensure ongoing community or and consumer involvement, for example development of leadership skills, scheduling of activities to increase participation, staff support, they should have the -- the consortium should have

operational guidelines such as bylaws and contain conflict of interest provisions. The local health system action plan is a realistic yet comprehensive plan of achievable steps within the five-year funding period that will include the functioning and capacity of the local health system for pregnant and parenting women and their families. The system should include all partners necessary to assure access to a full range of services as identified. Primary and specialty care, mental health, substance abuse services, HIV/AIDS, dental care. The system should have in place all referral arrangements that are necessary for quality and it should be family friendly and culturally and linguistically responsive to the needs of the community served. The essential elements of the local health action plan should include targeted interventions based on assets and gaps in the current system delivery system identified in the needs assessment. The intervention should ensure that system is successful responsive and culturally competent and the plan should be updated annually. The sustainability activity into current funding sources should maximize third party reimbursement, leverage other funding sources, and the funding sources could include state, local, private funding or in-kind contribution. 20%. The sent to which project personnel are qualified by training, and/or experience to implement and carry out the project, the capabilities of the applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Past perform appears will also be considered. Now under that is several sub criteria. One is the extent to which the proposed approach delineates the interventions included in the plan, and identifies the actual or anticipated agencies and resources which will be used to implement those strategies. Two is the capacity, expertise and past experience of

the applicant agency to carry out and oversee a complex integrated community-driven approach to the proposed eliminating disparities activities within the proposed project area.

Next slide. Three is the extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources, monitor contracts, and acquire additional resources. Next, sent to which the applicant's fiscal and programmatic contract monitoring system demonstrates their ability to implement and monitor their program.

Next slide, please. administration and management. Applicant organizations are expected to have qualified and appropriate staffing to carry out planned interventions. They should have sound systems, policies and procedures in place for managing funds, equipment, and personnel to receive grant support. They should also have the capacity to monitor the progress of the project its objectives, especially monitoring contract deliverables.

Next slide, please. The next criteria is support requested. That's 15%. The reasonableness of the proposed budget in relation to the objectives, the complexity of the activity, and the anticipated results. And there are several sub criteria. The extent to which the proposed budget is realistic, adequately justified, and consistent with the proposed project plan. The sent to which the costs of administration and evaluation are reasonable and proportionate to the costs of service provision. And the degree to which the costs of the proposed project are economical in relation to the proposed

service utilization. Use of funds. Grant funds may support costs for project staff salaries, consultant support, MIS hardware and software, project-related travel, other direct expenses for the integration of administration, clinical, MIS, or financial functions, program evaluation activities. Activities that could be supported with healthy start funding. Offering a more efficient and effective comprehensive delivery system for the uninsured, and underinsured through a network of safety net providers. Integrating preventive mental health -- sorry. Integrating preventive, mental health, substance abuse, HIV, and AIDS, and maternal and child health services within a system. Block grant funded services, other DHHS programs, state and local programs. Or developing a shared information system among the community's safety net providers. Which could include tracking, case management, medical records, financial records. Grant funds may not be used for substituting or duplicating funds currently supporting similar activities, construction, reserve requirements for state insurance licensure, or entertainment. . The last system building activity would be -- Title V, local MCH agencies or any oop community or health organizations. And that's 10%. Several sub criteria, and that's the extent of actual planned involvement of the state Title V, local MCH, and other agencies serving the proposed project area, it should be clearly evident. The extent to which the project is cognizant with overall state efforts to develop comprehensive community-based systems of services and focuses on service needs identified in the state's MCH services Title V, five-year comprehensive needs assessment and block grant plan. There should be a partnership with statewide systems, and with other community services funded under the maternal and child health block grant. The community needs assessment and plan

should be consistent again with the state Title V, five-year plan. And there -- there should be cooperation, integration and dissemination of information with state Title V. and with other community services. I'll turn it over to Bev.

>> BEVERLY WRIGHT: What I'm going to talk about is the Healthy Start performance system and how we evaluate performance each year. Grantees, once awarded funding, grantees will be submitting an Annual Progress Report, you will -- will respond to the healthy start performance measures as indicated before. There's MCHB financial and demographic data which is also -- within the performance system. And healthy start has additional data elements, which includes characteristics of the participants, risk reduction and prevention services, and our major services which are core services and system building. And these are indicated in the -- you'll see them explained in the guidance. On some of those items, but they're mostly in the applications that -- the noncompeting applications which you submit each year.

Next slide, please. In 2008, the Healthy Start program was -- underwent a program assessment rating. If that holds, our next part will be in 2013, we're waiting to see what OMB is going to do about T but what we basically do is we take and aggregate all of the grantees' data, report on it annually, for Congress and for our own performance. And those measures that you have, we put into the measures that we report on. Our annual measures include the annual personal of live Singleton births weighing less than 2500 grams, or 5 pounds, 8-ounces, among all live Births to Healthy Start Program participants. The percentage of healthy start program participants who have

a prenatal care visit in the first trimester and the number of comiewcht members which includes providers and consumers and residents that participate in infant mortality awareness public health information and education activities. Our long-term measures for part include reduced infant mortality rate among healthy start program participants, to reduce the neonatal mortality rate among healthy start program participants, and reduce the post neonatal mortality rate among infant mortality rate participants.

Next slide, please. I think you can see that 'in is the core Public Health Services -- MCH pyramid and clearly talks about the direct services enabling services, population-based and infrastructure services. You can see MCH is mostly in the infrastructure things, but our services are -- go through all of them. We have sub population base things that we participate in. We have some infant structure building when we talk about needs assessment and our evaluation. And we definitely provide enabling services through outreach translation and health education and some of our programs even provide basic direct health care services with providing physicians and nurse midwives. Healthy start resources that are available for performance include glossary of terms, and for each performance measure, a detailed sheet and if necessary, a self-assessment perform. And there are instructions for every form. And you'll find these at the back of our guidance. The application review process is the responsibility of HRSA's dwiftion independent review, DIR.

Applications come in through -- down loaded and sent to our office and out to reviewers, applications are reviewed by an objective review committee of experts

qualified by training, experience, and particular fields of discipline related to the program. All applications recommended approved for approval to the bureau. The application review criteria includes the need, response, evaluative measures, impact, resources, support requested, in collaboration with Title V. Pair one of the things when David was reviewing how to write -- respond to the questions, he didn't mention one thing, and that is that you need to code your questions -- code your responses according to each question.

For example, at the bottom of the guidance, you see case management 1, did I'm sorry, CS-1. And that would be -- case services -- core services 1. And you should respond CS-1, and respond to the question accordingly. That way the reviewers are able to take a look at the question, and your response, and measure -- and be able to measure against your response without having to flip through the application to find it. Okay.

There are other sources, the maternal and child health Title V. information system. http://mchb.hrsa.gov/programs/ . And https://perfdata.hrsa.gov/mchb/mchreports/Search/search.asp. This is also the MCHB discretionary grant information system. MCH, virtual library which is at Georgetown, http://www.mchlibrary.info/. These are other resources you can use.

Next slide, please. This is a copy of what it looks like on the MCH virtual guide library. Maternal and child health library, it's a virtual guide to MCH information. It has very

useful information, including some of the items that were developed by some of the healthy start grantees. We try to make it so people do not have to reinvent the wheel but can use other resources developed by other healthy start communities.

Next slide, please. Bright Future materials are also on the web, these are very informative information that are used, I know I have two little kids and I take them to the doctor and some of the time the doctor gives met bright futures information, with anticipatory guidance and these are available on the web and can be used -- nutrition is on physical education, mental health and oral health and we have developed one Bright Future for women. A -- the newest one was developed by our division. There's some MCH maternal and child health other resources, distance learning at MCH.COM. This particular website will be archived very shortly, I think within a couple of -- I think it's about a week, and -- what? I'm sorry, about a week. The webcast will be archived in about a week and you can review it for any questions that you might have that we don't answer today. There's the MCHP neighborhood. http://mchneighborhood.ichp.ufl.edu/. There's a national healthy start association Perry stats with the March of Dimes and keg local foundation. All of these resources are available. Fore you to help in your submission of your application. I'm going to previously recap what we talked about. The funding, 75 $750,000 for five years, that preference exists for current grantees, however we -- one to three new applicants, so if you're interested, we don't often have any additional funds. This would be a great time to apply. And I suggest that you follow the guidance. Deborah will discuss what the reviewers are looking for. Next slide, please. Our foal at healthy start is to have a

healthy woman so she can have a healthy infant, which develops into healthy families, and healthy communities, and to healthy nation. Deborah?

DEBRAH FRAZIER: Thank you, Beverly. I'm going to start with where we always start, with the grant guidance and rule number one. Read the guidance, and some of what we'll cover will be what I think the attendees have already heard. Rule number one, read the guidance and read it several times. The reviewers always read the guidance first and they use the guidance as template to compare what the guidance asks for and what's in your application. We use the guidance as the template for how your grant should be organized in terms of sections, and also what's required in terms of the content for your application. So you don't want to start off on the wrong foot with your grant disorganized.

The next slide just tips on using the guidance, be organized. Make a list of the requirements in the guidance, and then the sources for all the required information. And it doesn't have to be just required information. Of course, you have to have required, but you may also have additional information that you think might be helpful in describing your community or your community's situation. So make a list of certainly of what appendices need to be included, what information needs to be in the grant. Do you need information from vital records, or who has what. Which member of your team is going to get that and by when. And timetable well in had advance of when the grant is due and make sure that you have that. Whoever is the team leader of the project director , be the responsible perp for get the data and reviewing it before it's

just popped into the grant. Because the review certify going to look at that time for accuracy and relevance to the application. When you reference the grant I want to say this. Make sure when you reference something in the narrative section and it's reference someplace in the chart or appendices, that it matches, because sometimes -- that's when I say whoever is in charge, project directors, make sure it matches what you put in your narrative. The next slide, size, spacing, paper size, margin, how many times have we written a grant and the grant says maximum size and all of your team has written their part and you've put it together and you're six pages over. And it's a real OMG moment. Not OMB. OMG moment. What are we going to do. The thing not to do is to reduce the font size or change the spacing. The guidance is very specific about font size and spacing. Don't change that. You don't want a squinty eyed reviewer trying to review because you had too many pages. At the same time, you don't want to take out something that's really important for your reviewer to know. So make sure you go back and look at -- you have the correct font size, the correct spacing, and margins, your pages are numbered, with the correct heading, and indent takings and that you're organized. A competitive application process, you really want your application to stand out because of its merit. You don't want reviewers to sit around the table and complain about your application because it was disorganized or because reviewers thought that you did not pay attention to what was in the grant guidance. And that might seem like a no-brainer but it really isn't. You don't want a reviewer to figure out that you didn't pay attention to the simplest of directions. Because if you can't follow directions, it might say something about your ability to manage the project or manage. The next slide, reviewers look for a response, Beverly

just talked about responding to each of the different sections, and each of the question categories. The reviewers are sure that maybe you're stronger in one area than another perhaps, but we want good responses to every requirement and every core service and intervention in core system effort required in the guidance. We want responses that are clear and concise with no rambling. If you are not the entity, you are the applicant, but if you are not the entity responsible for delivering a service, if you've contracted something out or if a partner is responsible for it, then you write it in that way, and then write how that entity works with your healthy start program. And how you ensure that service is delivered to your healthy start population. And how you intend to meet the healthy start requirements for services. And again, be concise and don't ramble. If' you don't know, then give the correct answer to a question. If you are unclear about the question, then get technical assistance and clarity on the question. If it's something that you did not do well, then I think you need to be honest about it. And say we tried X, Y, and Z, and for these reasons it didn't work, and this is what we intend to do moving forward. But be very clear about why something didn't work and what happened with the effort that you made before and what you learned from it and how you intend to move forward in this application.

In the next slide, talking about data. We want to talk about data and trends to support your needs assessment and your problem statement. The guidance is very clear about making -- about what years you need to include in your application. So make sure that you include the multiple years requested in the grant guidance, not the years that you have, but the years that are requested and required in the grant guidance.

And make sure that -- that you have what is required throughout the grant, throughout your grant application. And make sure that you have -- that the reviewer can link all the data in your needs assessment and your problem statement to all of your interventions throughout your application. And I'm talking about data here just in terms of the grant guidance. But the data in your grant should also reflect whatever is pref plant your community, and we'll talk about that again when we get to the needs assessment, but I think it's -- it bears saying twice. Your data is going to explain your service area. It's going to explain your demographics, it's going to explain the poverty level, the housing, the employment. And it's going to explain any changes in your demographics.

For some of you who have been in business for a couple of years, something may have changed since your last application or since you started your healthy start project. Certainly most every community in the country has experienced some kind of a economic change. How has that impacted your community? Not in a general way, but in a specific way. What has it meant in terms of jobs and insurance, access to health care, clinics coming or going, position service -- physician service or access to health care. But make sure the data that you have is relevant to whatever you're going to put in your application and that the data that you put is -- the reviewer can follow it. That it's the same in the chart here and the narrative in the other section. And it should also show some diparities if the trend not the trend you want, that you would like to -- or would like to have seen, for example, then tell the reviewer why it's not trend is not if you expect it -- expected to see an improvement in something and it did not happen, make sure you tell the reviewer why it didn't happen. Did it not happen because of a

change in Howe housing patterns, did it not happen because transportation changed? And people no longer had a bus transportation, or did HUD close down a large public housing area, and were people relocated? Explain to the reviewer what happens in the community that's going to be included in your application.

That brings us to the next slide. We talk a little just now about the introduction, which tells the review area little bit about the application. But moving from the introduction which is the reviewer's first impression of you, to the needs assessment, it tells the reviewer what your purpose and your plan is. The reviewer gets your package and has already looked at your face sheets and your budget. The reviewer knows what money you've asked for, what resources you've asked for, and what matches you've committed. Just looking at your budget. And now the reviewer is looking at the introduction and looking at the needs assessment. And your introduction and your nodes assessment should be telling the reviewer a compelling story about your community that's backed with good reliable verifiable data. Meaning tell the reviewer where the data came from . And again whether you're writing a disparity grant or border grant. The reviewer wants to know something about your population. What are the issues about your population, what are the cultural mores of your population and how are those issues or mores being addressed in the current perinatal system in in your community? And you can do that maybe more detailed later in your impact or resource area, but tell us something about that in your introduction or your needs assessment. Particularly if you have a history with healthy start. Then the review certify going to want to know what has been your history with this community. So tell

us something about what your history has been, and what may have changed in that community to reflect the data that the reviewer is going to be looking at. When they go through this grant. At some -- sometimes a map can be helpful to the reviewer, particularly if the service area is not contiguous area, a can help to identify where your service area is in relationship to the surrounding areas, and you might want to pinpoint where existing resources are in the community that's being addressed in your application. Again, remember the reviewer does not know your community, the reviewer only knows what you've told them about your community or what you are telling them or what they're reading about your community.

So on the next slide, again, your needs assessment is painting a picture of your community. It's telling a reviewer the severity of your community's problems, who is being impacted and how they are being impacted. Tell the reviewer how you identified the problem. Is there a FEMA going on. is there FIM RS. PRAMS. Other local studies, sources. Any other relevant demographic data that you can include in your application, I say without a hassle, meaning you reference it in your narrative section saying this is why -- this is the issue in our community, and then at some point in this application you're going to say and we're taking this approach to it and this is why we're taking this approach. And you might want to include this someplace, maybe a chart or graph, someplace else in the appendices, and the data in that chart is going to match what you put in the narrative. Because again the reviewer is going to read what you wrote, and be able to articulate it to the larger review panel. And you remember the story about how when you sit in a circle and one person reads something or hears

something and repeats it. You want this to be crystal clear. So by now the reviewer should have a very good idea about your community, your community's problems, issues, the resources in your community, how those resources are being used. And the demographics, any special populations in your community, or cultural issues that the reviewer should be aware of, and how those cultural issues have been addressed and then start looking for how you're going to address them in your approach later on.

The next slide, community needs assessment should tell the reviewer again just summarizing the identity of the target population to be served, the special cultural needs, the population and how they're currently being met, a description of the existing perinatal system, who and what is being impacted by your community's problems. What would happen if the community's problems were not addressed. To set the stage for what you're going to do to address those problems. Now you've hooked the reviewer by making a compelling case for -- you need to step in and address these issues in the community.

Okay, the next slide, a good needs assessment and this -- the needs assessment again sets the stage for the application. And it's about 20% of the criteria for your application. And you really don't know where you're going unless you know what the problems are. A good needs assessment, again, sets the stage for what are the problems, and it helps you to be able to link the problems to the statements in the grant guidance, and then it helps the reviewer to be able to do the same thing. Moving to the next slide, to the response. You've told the reviewer now, this picture of your

community, what's going on with the history of problems, what's changed over the years, and what resources are available, and now you're going to start describing what your response to that is going -- going to be intend to do and what is it is you want to be funded to do. And you're going to do that with some goal -- I'm sorry, some objectives and some activities. And the reviewer wants to be able to read your responses and your objectives to each of the sections, and look for a link to the issues that were raised in your needs assessment. In other words, your responses should be in direct correlation to the issues and problems that you raised in your problem statement. And they should also be feasible and they should be realistic. In other words, don't promise the moon when you really don't have the resources to deliver that. Make sure that anything that you commit to do in your response is measurable, it's -- and it's realistic, in its time frame, and it's going to help you to contribute to the objectives that you state in your application.

In the next slide, objectives, identify your task and they tell the reviewer what specific measurable and realistic time frames you expect to -- I'm sorry, achieve your objective. And again, don't promise what you can't deliver. And don't be unrealistic in terms of time frames or outcomes. Tell the reviewer who or what is being impacted and how they're being impacted in each one of these sections. And again, we're looking for how that is going to link to the problem that you identified in the previous section. And the next slide, there was conversation in the earlier presentation about making sure you include your baseline data. This is another reminder. Make sure you have

baseline data and make sure that each year's objective again is realistic and it's feasible and it's achievable.

The next slide is a reminder, national performance measures, the reviewers look at the application to look for national performance measures and to make sure that applicants have a plan to meet or exceed the healthy start target measures for low birth weight in the application.

And the next slide, moving to your work plan, your work plan gives the reviewer the activities that you have in mind that are going to lead to the achievement of the objectives that you list in your application. And then also tells us the rationale for choosing your approach. You've chosen an approach because there is some rationale for that approach. Meaning you've tried something else maybe you tried something else and it didn't work. Tell us that. If you're basing it on some national/local model that's been successful, then tell the reviewer that. But explain what approach you're taking and why you're taking that approach. And make sure that you do that for every component and every section. And again, make sure that your work plan and your approach are linked to what you put in your needs assessment. Because even though we share the application, we don't want one person writing a really good needs assessment for the community and then someone else writing approach. And the two things don't match. So we want to make sure that our approach is based on what we've identified as the needs for this community.

Moving to the next slide, again, on work plan. Support your approach with data, experience, model programs, or research again that tells the reviewer that there's evidence that your approach is going to work. Which is what we just said on the prefers slide. If it's a local or national model of excellence, then cite that model and tell the reviewer why you used it. If there are others who are working with you on -- whichever segment you're working on, whether it's, whichever core intervention it is, then identify those partners or the stakeholders or collaborators, identify their role in it and then identify how you, the applicant will ensure that the healthy start objectives are going to be met. Because these are partners for your -- but you're the applicant. Make sure you identify how those healthy start objectives are going to be met. Make sure that your work plan reflects the funding requests and the budget justification.

As the reviewer, I've read the budget, I know what you've asked for. So make sure what you've asked for in terms of money reflects what you put in the work plan. Or if you have a stakeholder or a partner that is making a contribution to the project, and you put it one police, make sure it's the other place. In other words, it's in the work plan, make sure it's in the budget. Vice versa. Also, if you've identified in your needs assessment that you have a pocket of particular demographic population and there are issues in that population, then I expect someplace in your work plan to see that a reflection of that population, and how you're working with that diverse or that culture within this application. And how you plan to deliver culturally sensitive and culturally relevant services for each one of the core interventions and services to that population. And again, if there's some core intervention of service for which you are not very

strong and you need help, then I think that's an opportunity to write in what you've done what you've tried and to be very honest with the reviewer where you're going with this and what else you intend to do in this application.

Moving on to the next slide on evaluation, David talked a lot about evaluation. I just want to mention that the evaluation should be well organized. You should have sound evaluation methods and evaluation should articulate to the reviewer how it's going to track and measure your application's performance and report results back to you. And it should be congruent with the proposed scope of services. It should tell the -- it should tell the reviewer how you're going to use the evaluation to improve your performance, almost like the QI, and also if you've been in the healthy start business before and you're making a change, it should tell the reviewer if you're making a change, you should be able to cite previous evaluations to justify any interventions or changes that you you're making in your program plan or work plan. As a reviewer, I always like to see an evaluation that says -- that tells me that the evaluation is going to be used to communicate information to grantees and consortia and the larger community. Because that's one of the goals, is -- with Healthy Start. Is to have a community to own the issue of infant more facility and the issues of disparity. So I always like to see the evaluator engage with the consortium and the evaluation results used with the community.

In the next slide, the evaluation section provides a reviewer with the identity and the qualifications of the evaluator. What data collection methods and instruments the

evaluator is going to use. What is the impact again on the need that was previously cited in the application. And then on the achievement of each stated objective. So again, when you started your application, you described the need assessment and you moved through your objectives and your approach, and now your evaluation. And somehow it should be a straight line here someplace, that the reviewer should be able to follow. That these are the problems and this is what we're going to work on. And this is how we're going to measure it. And this is what we're going to report back to Healthy Start and to the community. And these are the measures we're going to use internally as a to make sure that we stay on track to Mead meet both our internal requirements and the healthy start requirements.

In the next slide, looking at core systems and efforts the local health systems action plan, the consortium, sustainability and collaboration, and linkage with title 5. The first is should be your five-year plan that's linked with the state's Title V. plan, and when I look at that as a reviewer I'm looking for the applicant to demonstrate really strong ties with the state's Title V program. The local Title V program. Of working collaboratively of a maternal child health issues, and how they're leveraging maternal child health -- to improve outcome itself. Healthy start projects and any community-based projects require a lot of community input from both the application process and the life of the funded project. The reviewer wants to see also that you have a consortia that reflects the demographics described in your application. And they have a meaningful role in the application. So we want to look at your consortium list and we also want to see that your consortium has a meaningful role in your project. And we want to see that the

consortium, when you described your problems, in your application, you described the demographics. We want to see that the consortium reflects some of the folks in your community who have help you address some of the issues that you raised in your needs assessment. And some of the access issues as well.

In the next slide again focusing on the health systems action plan, again the five-year plan based on resources and manpower described in the application, and again the reviewer is just looking for the linkage between your application and state's Title V. plan. And looking for how -- to leverage maternal. MCH MCHB Maternal and Child Health Bureau Healthy Start and again the reviewer is just looking for the linkage between your application and states Title V plan and looking for how you are working together to leverage Maternal Child Health dollars and services.

In the next slide, again, focusing just on consortium, documentation of a consortium that represents and reflects a community, public and private partners, consumers, community organizations and stakeholders with a significant role in advisory and recommendation of the projects policy, programs and goals. A good working consortium is a lot of work, but in the long run it pays off. It's always a hallmark of a successful Healthy Start project. And if something new happened as a result of your consortium, tell us that in the application. You know, if as a result of something your evaluator presented to the consortium or something that came up in the consortium meeting, your consortium decided that one of your partners said we'll make a change in the hours that our clinic stays open or we'll make a change in whatever or we'll add

a staff person to do X, Y and Z, then by all means put that in your application to demonstrate the level of collaboration in your application and in your community.

In the next slide, in collaboration and coordination, and these go along with the collaboration and linkage section in your application, and I think anyone who has worked on infant mortality and disparity issues know that these are so closely linked to social determinants in the community that any successful attempt to improve birth outcomes has to have all relevant community partners on board. Healthy Start cannot operate in a silo. We all have to find all partners and sometimes pull in partners who didn't realize that they should have been on board. So this is a great opportunity to pull them in and to get them involved in all kinds of ways and to demonstrate that in your application. The exception of just getting them on board would be your Title V person. I mean, they should be an ongoing working relationship with your Title V throughout the life of your application. I mean, I'm not talking about getting them on board in terms of not knowing who should be on board. They should have been on board for the life of your application. And we all know that sometimes Title V folks will change, but sometimes it's up to us to go over and knock on the door and make that acquaintance and to take them over to our Healthy Start project and to show them around and ask them about new ways that we can begin to work together on behalf of moms and babies. Reviewers want to look at how well your collaboration and coordination of services are going and how well you are able to leverage Healthy Start dollars and resources to improve both services and to improve outcomes in your community.

And the next slide, again, just looking at collaboration and coordination. Making sure that everybody who is working on behalf of moms and babies are all singing from the same hymnal and working toward the same goal, looking for the same success and the same outcomes for moms and babies. And the next slide, collaboration and coordination. It is a requirement for eligibility. We know it leverages existing resources which are scarce. And in many communities getting scarcer. But it demonstrates to the reviewer community ownership of a very important problem. And it also demonstrates a community investment in finding solutions to the problem. And just as importantly, if not more importantly, it also provides an opportunity for you to demonstrate long-term sustainability for the Healthy Start project and for the investment of Healthy Start dollars in your community. And the leveraging of resources is really important in terms of both addressing infant mortality and also in making the best use of the dollars you have right now, and making this work and reaching across out to housing, education, employment and some of the other partners.

Moving to the next slide, resources and capabilities. I think this is about 20 percent of your application. Do not assume that a reviewer knows your organization's management and program history even if you're a current Healthy Start site. You may have a brand new reviewer or reviewer may be new to your application or your community. Write your application as though the person picking it up has never heard of you, because he probably may never have heard of you or your application or your community. Blow your own horn. Make this person keenly aware of all of the needs,

all of the changes, all of the issues in your community. All of the ways that you have tried to address it. All of your successes and then all of -- make them aware of all of the resources in the community that are coming to bear on this and how committed your community is to working on these issues. And then tell the reviewer about your capability as an organization to be trusted with this money and with this project over any other applicant. Tell the reviewer about your capacity and ability to manage your people, your money and your resources. And if you've managed money before, then tell us that history.

And the next slide, take stock of your management and your performance history and your current capacities. Highlight your own successes. Particularly with your consumers and your community-based programs. If you have great success working with community-based programs, then tell the reviewer about that. Tell them how you've reached out, created a network of partnerships for maternal and child health or perinatal systems or whatever it is. If you have shortcomings, then tell the reviewer what happened with a very believable plan on how you intend to prove it with this application going forward.

And the next slide, resource and capabilities section should describe also your policy and procedures for managing your money, your staff, your equipment, your program outcomes, and your contracts. Tell the reviewer something about your qualifications of key staff and then your communication pathways with your staff, with your contractors, and with your consortium and then who has oversight responsibility of your programs

and your money and your organization. . In other words, why should you have this money as opposed to someone else?

The next slide on the budget and justification, going back to the budget and justification, the reviewer should be able to read the budget and link every budget item in person to a stated objective and to an activity in the application. That's why it's called a budget justification. Remember, at the beginning the reviewer looks at your budget and goes through your needs assessment and then the rest of the grant. And sometimes a reviewer gets a grant and looks at a budget and then can't find mention of something in the budget in the narrative portion. Or something is mentioned in the narrative portion that somebody is going to do something but it's either not in the budget as a budgeted item or contributed item. So make sure that the budget is congruent with the rest of the grant.

In the next slide, if in fact you have contracted services in your application, make sure that your contract terms include explicit deliverables with information on who and how the contracts will be monitored for deliverables. Again, you're the applicant, you're responsible for making sure the Healthy Start objectives are met. You have to put in the application how you're going to ensure they're met. Make sure, if you contract it out, you have to also put something in your application that tells me the reviewer I've contracted this out but this is how I'm going to make sure that Healthy Start objectives are being met.

The next slide, provide details on cost sharing, in kind, financial contributions of contributed staff time or space. That's sort of what I just said about making sure what you put in the budget is also in the narrative. If somebody is giving you an in-kind, then make sure it's both places. Because in kind, don't leave an in-kind, the in-kind tells me there's community participation in the project and community ownership to the issue. Make sure the in-kind is both in your narrative portion as well as in your budget justification. If you put something in the budget that says we have a wonderful partnership with so and so hospital, they're contributing a full-time nurse caseworker and a social worker, and then we can't find that any place in there, like what do they do, where do they show up. Do patients, do women deliver at the hospital? Or do they come to -- how does that work? So everything has to follow from one place to another. We're almost done. Final tips, application is going to be reviewed by at least three reviewers who only know what you have included in this application. The reviewer should be able to easily and logically follow through your application from the needs assessment through the methodology, your budget and your evaluation. And the reviewer should be able to easily respond to questions from the panel regarding your application. If your application re -- I'm sorry -- confuses 1 or 2 of the reviewers it doesn't bode well for you in a competitive review process. Make sure it's logical, it's easy to read and it flows well.

On the next slide, follow the guidance, know the review criteria. Respond to each section and question with clear, concise logical statements. And be consistent throughout the whole application. Make sure that when you blend things from different

people, that you have somebody that comes back in the end and blends it altogether. Make sure that your page numbers, that you meet the required number of page numbers without changing the essential part of the content or the font size or spacing.

The next slide, complete the grant early. Have it reviewed by several people who have not been involved in the grant writing process. Does it make sense? Does it say what it was intended to say because sometimes we cut and paste and then we forget and leave sentences or gaps in paragraphs. So it makes sense to have somebody who has never seen it before and read it and see if it says what we intended for it to say. Somebody outside of our field, does it inspire a passion for your problem, for your community and would anybody who read it actually give you money to do what you said you were going to do in the application. And that's the end of the presentation.

>> Thanks, Deborah.

>> DEBORAH FRAZIER: You're welcome.

>> Now, we're going to take any additional questions, please send those in.

>> Before we take any questions, I'd like to go over a few things that we have found in the questions we have thus far. There is no submission into the HRSA EHB. Everything you submit must go through http://www.grants.gov. I notice in the guidance and someone has brought it to our attention, that there are two sections. One says that

you have to get verified by either EHB. This does not pertain to this competition. We adhere to the first one, which is strictly Grants.gov. As for current Healthy Start grantees, if you're applying for your current project area and you receive your current funding level, at your current funding level you will receive a preference. If you want to expand to a new project area, then you may apply for up to $750,000 and be considered as a new applicant. That application would be considered as new.

>> And not get the preference.

>> And you will not get the preference for that particular application. Any other questions?

>> Is an agency required to register again if they already have a DUNS number.

>> If you already have a DUNS number it's my understanding you do not have to register again. I think that's a number you keep throughout your federal application life. Any other questions?

>> Is there a specific format for the 20-page progress report?

>> We did not require a specific format for the 20-page progress report that current Healthy Start grantees have to submit. That is your opportunity to describe in your

words what your project is doing and why you think that you feel that you should be continued to be funded.

>> But remember it's going to be reviewed by outside review panel which may not be, which should not be, which will not be familiar with your project. So it should stand alone, should stand on its own and you should not assume that they have any background information about you.

>> This question is for David: Please define a completed referral. Does it mean a referral was made by the case manager or that the client followed up on the referral and received the services?

>> David: It's the latter. Referral is considered completed if the client actually receives those services. So just by making the appointment or by the case manager referring the patient to somebody, the client to somebody else, does not make that a completed referral. The person actually needs to have gone and had that appointment for it to be considered completed.

>> The abstract is mentioned twice. Form 6 and a one-page abstract page 16, 2 separate abstracts. No, you do not have to submit two separate abstracts. Form 6 will not be submitted until you, unless you get funded. So the instructions for the one-page abstract, listed on page 16, it's the abstract that you should submit for the review for your application. Are there any additional questions?

>> Can an entire state be considered a community?

>> I think it depends on the size of the state and how you define your community. Remember, you're only going to receive $750,000. That's the maximum amount of money that you can receive. So if you're going to use that money for an entire state as big as Texas, that might be a little bit, spread your resources very thin. However, if you're going to use it for a smaller state, then it might work very well for you. So it depends on how you are going to -- you have to describe it to the reviewers and let them decide whether or not they think what your planning is feasible.

>> So it is allowable?

>> It's allowable but you have to be able to justify it.

>> Justify it to the reviewers and it has to be reasonable. It has to feel reasonable. Logical, reasonable. Go ahead.

>> When is the next funding cycle?

>> The next funding cycle will be 2011 and at this point in time that funding cycle looks like it will be for border communities, as that's when the two border communities will

end. However, it is very early and we don't know if there will be additional dollars and we don't know if we'll have additional mandates placed upon us. So while at this time 2011 looks like it will only be a border competition, it's too early to determine.

>> On a related note there's no separate border competition now.

>> Right, there's no separate border competition now.

>> If a community along the border, Hawaii Alaska want to come in.

>> They would have to meet the eligibility criteria based on infant mortality. They're welcome to come in if they meet the eligibility criteria based on the infant mortality. One thing is we do not have any specific -- we don't specify how many live births you have to have or how many infant deaths. I know that's become a question. Some communities feel they wouldn't meet the eligibility. I mean, for some communities one death can throw you really into a high infant mortality rate. So we don't say you have to have 200 live births or 200 -- 50 deaths. We don't specify that. Whatever -- it has to be a reasonable request and logical. Whatever the births and deaths are.

>> Question, what if you need 650,000 in year one but 750,000 in subsequent years?

>> We do not fund on subsequent years. If you need $750,000 in year two, then you need to put 750 -- use 750,000 in year one. We usually only fund people what they request in the first year and that will be what you'll use for the next five years.

>> Can you repeat the dollar amount limit for current awardees applying for expansion to a new project area?

>> Well, current awardees who are expanding to a new project area, you can apply to a maximum of $750,000. And you will be considered, that area would be considered a new application.

>> Existing projects.

>> Who are currently -- who are too -- their project period ends January 30th -- 31st, I'm sorry, 2010 they can go through competing situations and you will receive the preference as long as you're in the same project area.

>> You can get how much?

>> Up to the current funding level.

>> Okay. That's all I have so far. Are there any additional questions? We'll take a few more minutes for questions.

>> For those of you who feel your question hasn't been answered or you have something very specific that you need to address, you can give us a call at area code 301-443-0543 and ask for Beverly Wright or Benita Baker or David de la Cruz and we'll be happy to answer your questions. If you want to reach us by e-mail it's bwright@HRSA.gov. BBaker@HRSA.gov.

>> Well, if there are no more questions, on behalf of the division of Healthy Start and perinatal services I would like to thank our presenters and the audience for participating in this webcast. I'd like to also thank our contractor, the center for the advancement of distance education at the University of Chicago of Illinois at Chicago, School of Public Health for making this technology work. Today's webcast will be archived and available in about a week on the website mchcom.com. We encourage you to let your colleagues know about the website. Thank you and we look forward to your participation in future webcasts.